## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| SUGHRUE MIO                                                                                                                             | AŃIA AVENUE, N.W.<br>DC 20037                                                                    | DEC 1 6 200                                                                                       | (NO88 30)                                                             | Fee(s) Transmittal. T<br>papers. Each addition<br>have its own certifica | of mailing can only be used for his certificate cannot be used for hal paper, such as an assignmente of mailing or transmission.  Transthis Fee(s) Transmittal is being with sufficient postage for firm his fee of the sufficient postage for f | for any other accompanying or formal drawing, mu     |
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| C:1501<br>C:1504                                                                                                                        | 1400.00 DP<br>300.00 DP                                                                          | & TEXT DE NOTE                                                                                    | 9/                                                                    |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Dal                                                 |
| APPLICATION NO.                                                                                                                         | FILING DATE                                                                                      | FIRST NAMED INVENTO                                                                               |                                                                       | NTOR                                                                     | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                     |
| 10/662,380                                                                                                                              | 09/16/2003                                                                                       | Hans-Joachin                                                                                      |                                                                       | chelt                                                                    | Q77335                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9421                                                 |
| APPLN. TYPE nonprovisional                                                                                                              | SMALL ENTITY NO                                                                                  | ISSUE FEE<br>\$1400                                                                               | \$300                                                                 |                                                                          | TOTAL FEE(S) DUE<br>\$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE DUE<br>12/23/2005                               |
| EXAMINER                                                                                                                                |                                                                                                  | ART UNIT                                                                                          |                                                                       | LASS-SUBCLASS                                                            | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| CHANG, JOSEPH                                                                                                                           |                                                                                                  | 2817                                                                                              | 2817 332-104000                                                       |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in | 137 CFR 3.11. Completion o                                                                       | of a Customer 2 region for a Customer 2 region lists  PRINTED ON THE Part ow, no assignee data we | egistered attorne<br>egistered pater<br>ed, no name w<br>ATENT (print | or type)                                                                 | mes of up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ocument has been filed                               |
| (A) NAME OF ASSIGN                                                                                                                      | EE                                                                                               |                                                                                                   | ·                                                                     | TY and STATE OR CO                                                       | OUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| ALCATEL                                                                                                                                 |                                                                                                  |                                                                                                   | PARIS,                                                                | France                                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| 4a. The following fee(s) are                                                                                                            |                                                                                                  |                                                                                                   | n the patent):                                                        | Individual <b>Y</b>                                                      | Corporation or other private gro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oup entity Governm                                   |
| Issue Fee                                                                                                                               | ·                                                                                                |                                                                                                   |                                                                       | -t1611-NO                                                                | A. F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
|                                                                                                                                         | mall entity discount permitted<br>f Copies                                                       | ) charg                                                                                           | je any pay                                                            | ment deficiency a                                                        | A Fees payment. Pleas<br>and credit overpayment<br>y of this form is attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | to                                                   |
|                                                                                                                                         | (from status indicated above) MALL ENTITY status. See 3                                          | 7 CFR 1.27.                                                                                       | Applicant is n                                                        | o longer claiming SMA                                                    | ALL ENTITY status. See 37 CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FR 1.27(g)(2).                                       |
| The Director of the USPTO<br>NOTE: The Issue Fee and Pointerest as shown by the reco                                                    | is requested to apply the Issue<br>ublication Fee (if required) words of the United States Fater | Fee and Publication Fe<br>Il not be accepted from<br>t and Trademark Office                       | e (if any) or to<br>anyone other (                                    | re-apply any previous<br>han the applicant; a re                         | sly paid issue fee to the applica<br>gistered attorney or agent; or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tion identified above.<br>te assignee or other party |
| Authorized Signature                                                                                                                    | <u> </u>                                                                                         | 4                                                                                                 |                                                                       | Date                                                                     | 17/16/65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |
|                                                                                                                                         | •                                                                                                | Ç                                                                                                 |                                                                       |                                                                          | II NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| Typed or printed name                                                                                                                   | David J. Cush                                                                                    | Ç                                                                                                 | quired to obtai                                                       | Registratio                                                              | the public which is to file (and minutes to complete, includin comments on the amount of tind Trademark Office, U.S. Depa S. SEND TO: Commissioner for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | by the USPTO to pi                                   |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.